

<b>!!!EMERGENCY!!!</b>	
Date Vaccine Needed: _____	
Is the Below Address New?	
Yes ?	No ?



## VACCINE & SUPPLY ORDER

### IDAHO IMMUNIZATION PROGRAM (IIP)

Facility Name:	Person placing order:
Attn:	Phone:
Shipping Address:	Fax:
City State Zip:	E-Mail:
Date:	

**FAX: (208) 334-4914    PHONE: (800) 554-2922 or (208) 334-6524    E-MAIL: [salisbr1@idhw.state.id.us](mailto:salisbr1@idhw.state.id.us) or [jacobsj2@idhw.state.id.us](mailto:jacobsj2@idhw.state.id.us)**

Note: Offices may order prefilled syringes, vials, or both. Sometimes prefilled syringes or vials are not available, The IIP will substitute alternative brands, vials for syringes, or syringes for vials only when absolutely necessary

VACCINE			# OF DOSES or VIALS	VIS FORMS TO USE (Pkgs of 100)	ENGLISH Language	SPANISH Language
DTAP/Hep B/EIPV (Combination)	<b>PEDIARIX</b>	Prefilled syringes (needleless)	Vials	DTaP, Hep B, Polio VIS	Order each VIS form in combo vaccines separately	
DTAP	<b>INFANRIX</b>	Prefilled syringes (needleless)	Vials	DTAP VIS		
DT Note - One package per office is usually sufficient (10 dose/pack)				DTAP VIS		
TD For persons 7 - 18 years old (10 dose vial)				Td VIS		
HIB	<b>PEDVAXHIB</b>			Hib VIS		
Hepatitis B	<b>ENGRIX-B</b>	Prefilled syringes (needleless)	Vials	Hep B VIS		
Hepatitis A	<b>HAVRIX</b>	Prefilled syringes (needleless)	Vials	Hep A VIS		
Inactivated Polio	<b>IPOL</b>		Vials	Polio VIS		
Hepatitis B/ Hib (Combination)	<b>COMVAX</b>			Hep B, Hib VIS	Order each VIS form in combo vaccines separately	
MMR (single antigens not currently available)				MMR VIS		
Hepatitis B/Hepatitis A (Combination - for 18 year olds)	<b>TWINRIX</b>			Hep B, Hep A VIS	Order each VIS form in combo vaccines separately	
INFLUENZA (Orders for 2004/2005 flu vaccine will be accepted beginning in Aug 2004) All 6 - 23 month olds and high-risk 24-35 month olds (Thimerosal Free) 3-18 year olds - high-risk Children (With Thimerosal)			Thimerosal Free With Thimerosal	Influenza VIS		
PNEUMOCOCCAL (Conjugate 7 valent) (5 dose/pack)	<b>PREVNAR</b>			PCV-7 VIS		
PNEUMOCOCCAL (Polysaccharide-23 valent) (5 dose/vials) For High-risk children 2 -18 years old				Pneumo VIS		
VARICELLA (Ships directly from manufacturer to provider)	<b>VARIVAX</b>			Varicella VIS		

**PLEASE SEE IIP RESOURCE CATALOG FOR COMPLETE MATERIALS LISTING**

Forms	Other Supplies
Idaho Monthly Vaccine Report Form / Monthly Accountability Forms	VAERS Reports (Vaccine Adverse Event Reporting System)
Vaccine & Supply Order Forms	
Vaccine Transfer Sheets	Clinic Immunization Record and History (Administration Form) - Patient Eligibility Screening form included
Temperature Log Sheets (One Month Interval)	
Vaccine Inventory Worksheets	Patient Eligibility Screening Form for the Idaho Vaccines for Children Program
Monthly Vaccine Accountability Worksheets	
Nursing Station Worksheets	Idaho Lifetime Immunization Record Books
IRIS Consent Forms	Color Blocks
IRIS Deletion Forms	Pink Hand Postcards / Give Me 5 Before I'm 2 Postcard
OTHER (please describe):	